## STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

## PLEASE PRINT

RECEIVED

NEW	HAME	PSH	IRE	
DEPART	MENT	OF	STAT	ΓF

I. Name of Lobbyist(s) Daniel Allegretti			SEP 1 9 2018
II. Name of lobbyist's partnership,	firm or corporation, if any:		NEW HAMPSHIRI DEPARTMENT OF ST
(Name of partnership	, firm or corporation)		
111 Market Place	Baltimore	MD	21202
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 224-9653	( )	daniel.allegi e-mail	retti@exeloncorp.com
(Telephone)	(Fax)	C man	·
III. This statement covers: (Choose reportable expense transactions where the contractions occurred to the contraction occurred to the contrac	nich are not attributable to any o	one client).	
Exelon Generation Co		orting date relative to ti	ic following chefit.
	Client as it appears on the Lobbyist R		
All reportable transactions by the unrelated to any particular client.  IV. Date of Report April 25, 20  Reports cover: activity from date of  October 31,  activity from 7/	18	family), or the lobbying  July 25, 2018  ity from 4/1/18 to 6/30/18  January 30, 2019  ity from 10/1/18 to 12/31	
V. There have been no fees rece If this box is checked, complete just t Concord, NH 03301.			
VI. Check if additional reports are	attached:		
If you have received fees or mad	e expenditures, you must file Add	endum A- Fees and E	xpenses
If you have paid an honorarium of Expense Reimbursement	or reimbursed expenses, you must	file <b>Addendum B</b> – Re	port of Honorariums or
If you, your firm, or your family	has made political contributions, y	you must file <b>Addendı</b>	m C- Political Contributions
Sworn Statement/Affirmation by I I have read RSA 15, RSA 15-B, RSA and complete to the best of my know (Signature of lobbyist) Daniel Allegretti	14-C and RSA 664 and hereby sv	wear or affirm that the	/
(Print Name of lobbyist)			